PTO/SB/01A (10-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

| As the below named inventor(s), I/we declare that: | | | | | | |
|---|--|--|--|--|--|--|
| This declaration is directed to: | | | | | | |
| ☐ The attached application, or | | | | | | |
| Application No. 09/934,868, filed on AUGUST 22, 2001, | | | | | | |
| as amended on (if applicable); | | | | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | | | |
| I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us_to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and | | | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | | |
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| FULL NAME OF INVENTOR(S) | | | | | | |
| Inventor one: MATTHEOS KOFFAS , | | | | | | |
| Signature: McChilden of: GREECE | | | | | | |
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| Inventor two: JAMES M. ODOM Signature: Citizen of: UNITED STATES Inventor three: ANDREAS SCHENZLE | | | | | | |
| Inventor two: JAMES M. ODOM Signature: Citizen of: UNITED STATES | | | | | | |
| Inventor two: JAMES M. ODOM Signature: Citizen of: UNITED STATES Inventor three: ANDREAS SCHENZLE | | | | | | |
| Inventor two: JAMES M. ODOM Signature: Citizen of: UNITED STATES Inventor three: ANDREAS SCHENZLE Signature: Citizen of: GERMANY | | | | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:

KOFFAS ET AL.

CASE NO.: CL1596 US DIV

APPLICATION NO: UNKNOWN

GROUP ART UNIT: UNKNOWN

FILED: CONCURRENTLY HEREWITH

EXAMINER: UNKNOWN

TITLE: HIGH GROWTH METHANOTROPHIC BACTERIAL STRAIN

Assistant Commissioner for Patents

Washington, D.C. 20231

DECLARATION OF BIOLOGICAL CULTURE DEPOSIT

Sir:

I, S. Neil Feltham, declare that:

I am an attorney of record for the owner of the above-identified application.

Cultures of the following biological materials have been deposited with the following international depository:

American Type Culture Collection (ATCC)

10801 University Boulevard, Manassas, VA, 20110-2209, U.S.A.

under conditions that satisfy the requirements of the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedure. A copy of the receipt issued pursuant to Rules 7.3 and 10.2 (stating the term of the deposit) is attached.

| Depositor's Identification of Organism | International Depository Accession Number | Date of Deposit | |
|--|---|-----------------|--|
| Methylomonas: Methylomonas 16a sp. | PTA-2402 | August 22, 2000 | |
| | | | |

I further aver that all restrictions on the availability to the public of the culture will be irrevocably removed upon the granting of a U.S. patent on the above-identified application.

Respectfully submitted,

S. NEIL FELTHAM

ATTORNEY FOR APPLICANTS
US PTO REGISTRATION NO. 36,506

TELEPHONE: (302) 992-6460

Dated: \\\ \L₁\/O \(3\)
Enclosure: Deposit Receipt

*Total of 3 forms are submitted.

POWER OF ATTORNEY OR

HIGH GROWTH METHANOTROPHIC BACTERIAL

09/934,868

AUGUST 22, 2001

KOFFAS ET AL.

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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First Named Inventor

Filing Date

Title **STRAIN** AUTHORIZATION OF AGENT UNKNOWN **Group Art Unit** UNKNOWN **Examiner Name CL1596 US NA** Attorney Docket Number I hereby appoint: Practitioners at Customer Number 23906 OR Practitioner(s) named below: Name Registration Number S. NEIL FELTHAM 36,506 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: OR Place Bar Code Label Here ☐ Practioners at Customer Number Firm or Individual Name Address Address ZIP City State Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name JAMES M. ODOM Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than/one signature is required, see below*.

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09/934,868

AUGUST 22, 2001

KOFFAS ET AL.

PTO/SB/81 (02-01)

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First Named Inventor

Filing Date

| AUTHORIZATION OF AGENT | | Title | | STRAIN | | | | |
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| l l | | Group Art Ur | nit | UNKNOWN | | | | |
| | Examiner Na | | ıme | UNKNOWN | | | | |
| | | | Attorney Dor | cket Number | CL1596 US NA | | | |
| _ | | stomer Number | 23906 | | | TENT TRADEMARK OFFICE | | |
| OR | | | | | L | | | |
| ⊠ Practition | ner(s) name | ed below: | | 1 | ··· | | | |
| | | Name | | Registration Number | | | | |
| | | S. NEIL FELTHAM | | 36,506 | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | | |
| Please char | nge the cor | respondence address for th | ne above-identi | fied application | to: | | | |
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| OR | | · | | | | | | |
| Firm <i>or</i> Individu | ual Name | | | - | | | | |
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| Assig | | or. ord of the entire interest. Se 37 CFR 3.73(b) is enclosed | | | | | | |
| | | SIGNATUR | E of Applicant | or Assignee | of Record | | | |
| Name | Тматтн | IEOŞ KOFFAS | | | | | | |
| Signature | | | | Vall | | | | |
| Signature All Jackson (Matthewn Kotton) Date 9/28/2001 | | | | | | | | |
| | | all the inventors or assigne if more than one signature | | | terest or their re | presentative(s) are required. | | |
| *Total of | 3 forms are | submitted. | | | | | | |

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DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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HIGH GROWTH METHANOTROPHIC BACTERIAL

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First Named Inventor

Filing Date

Title

| AUTHORIZATION OF AGENT | | Title | | STRAIN_ | | | | | |
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| - | Group Art Un | | nit | UNKNOWN | UNKNOWN | | | | |
| l | Examiner Na | | ime | UNKNOWN | UNKNOWN | | | | |
| | Attorney Doc | | | cket Number | CL1596 US NA | <u> </u> | | | |
| I hereby app | sint. | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | stomer Number | 22000 | l | | | | | |
| OR | | | 23906 | | | PATENT TRADEMA | PK OFFICE | | |
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| □ Practition □ | ☑ Practitioner(s) named below: | | | | | | | | |
| | | Name | | Registration Number | | | | | |
| | | S. NEIL FELTHAM | | | 36,506 | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | | | |
| Please char | nge the cor | rrespondence address for th | ne above-identif | fied application | to: | | | | |
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| I am the: | | - | | | | | | | |
| Applic Applic | ant/Invento | or. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | | | |
| | Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | |
| | | SIGNATUR | E of Applicant | or Assignee | of Record | | | | |
| Name | ANDRE | EAS SCHENZLE | | | | | | | |
| Signature | Annas Main | | | | | | | | |
| Date | 1 | 710061 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required | | | | | | | | | |

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Total of 3 forms are submitted.